

## COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST)

(FIRST)

(MIDDLE)

Prigett H. Elezeious

## 1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Conservation

Division, Board, Department, District, if applicable

DOGG

Your Position

Ass. O &amp; G Eng.

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency:

Position:

## 2. Jurisdiction of Office (Check at least one box)

☒ State☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ Multi-County☐ County of☐ City of☐ Other

## 3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2017, through December 31, 2017.

-or-

The period covered is \_\_\_\_\_ through December 31, 2017.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)☐ The period covered is January 1, 2017, through the date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_ through the date of leaving office.☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_☐ Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

## 4. Schedule Summary (must complete) Total number of pages including this cover page: 1

## Schedules attached

☐ Schedule A-1 - Investments - schedule attached☐ Schedule C - Income, Loans, & Business Positions - schedule attached☐ Schedule A-2 - Investments - schedule attached☐ Schedule D - Income - Gifts - schedule attached☐ Schedule B - Real Property - schedule attached☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☒ None - No reportable interests on any schedule

## 5. Verification

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER

(281) 667-2929

E-MAIL ADDRESS

elezeious.prigett@conservation.ca.gov


I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3/30/18  
(month, day, year)

Signature

  
(File the originally signed statement with your filing official.)